PTO/SB/05 (08-03) Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	380-185	
First Inventor	YASUSHI KONDO	-
Title	SELECTIVE BAG OR	0
Express Mail Label No.	EV 330 603 215 US	PT 96
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450								
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages 21] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies								
Claim(s) Abstract of the Disclosure	ACCOMPANYING APPLICATION PARTS								
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Sheets 3] a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supproper specification following the title, or in an Application Data Sheet under 33 Continuation Divisional Continuation Continuation Continuation Examiner	9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Poly the requisite information below and in the first sentence of the TOFR 1.76: Stion-in-part (CIP) of prior application No: Art Unit: Paper application, from which an eath or declaration is supplied under Box								
19. CORRESPONDENCE ADDRESS									
Customer Number: 001009	OR Correspondence address below								
Name	·								
Address									
City	State Zip Code								
Country	Biephone 859-252-0889 Fax 859-252-0779								
Name (Print/Type) WARREN D. SCHICKLI Registration No. (Attorney/Agent) 31,057									
Signature Date Mand 17.2									

This collection of Information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)

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FEE TRANSMITTAL			Application Number							
for EV 2004			Filing Date							
for FY 2004		I	First Named Inventor YASU		SUS	HI KONDO)			
Effective 10/01/2003. Patent fees are subject to annual revision.		— Ī	Examiner Name		•			1		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit					•			
TOTAL AMOUNT OF PAYMENT	(\$) 942.00	ľ	Attorney Docket No. 380-18			0-185	5		$\overline{}$	
METHOD OF PAYMENT (check a	all that apply)		FEE CALCULATION (continued)							
Check Credit card Money Other None			3. ADDITIONAL FEES							
Deposit Account:			Large Entity , Small Entity							
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Deposit Account King & Schickli, PLLC		1052	50	2052		Surcharge cover shee		provisional fi	iling fee or	
Name The Director is authorized to: (check all that ap.	nh/)	1053	130	1053			English specification			
	t any overpayments	1812	2,520	1812 2	2,520	For filing a	reque	est for ex pan	te reexamination	
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SUBTOTAL (1) (\$)		1453	1,330	2453	665	Petition to	o reviv	e - unintentio	onal	
2. EXTRA CLAIM FEES FOR UTILITY	Y AND REISSUE Fee from	1501	1,330	2501	665	Utility issu	ue fee	(or reissue)		
Ext <u>ra Claim</u> s	below Fee Paid	1502	480	2502	240	Design iss	sue fe	е		
Total Claims 20 -20** = 0 X		1503	640	2503	320	Plant issu	ue fee			
Independent 5 - 3** = 2 X 8 Multiple Dependent	6 = 172	1460	130	1460	130	Petitions	ons to the Commissioner			
		1807	50	1807	50	Processin	ng fee	under 37 CF	R 1.17(q)	
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1201 86 2201 43 Independent claims in excess of 3		1809	770	2809	385		g a submission after final rejection CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims		1810	770	2810	385	For each examined	each additional invention to be nined (37 CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent		1801	770	2801	385	Request	for Co	ontinued Exa	mination (RCE)	
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SUBTOTAL (2) (\$) 172.00 **or number previously paid, if greater; For Reissues, see above Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)										
SUBMITTED BY (Complete (if applicable))										
Name (Print/Type) WARREN D. SCHICKLI				Registration No. (Attorney/Agent) 31,057 Telephone 859-252-0889						
Signature Marin Schiche						Date March 17, 2004				

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